



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	ROSANNI E SANCHEZ DELA CRUZ			License Number	DCFH.57777	Date of Inspection	01/14/2025
				Expiration Date	1/31/2027	Time of Inspection	12:10 PM
Address	34 NIAGARA ST WATERBURY CT 06705-1030			Telephone	(475) 313-3797	Regular Capacity	6
				Days and Hours	Monday-Friday 6AM-10PM	School Age Capacity	3
# Children Present	8	# Under 18 months present	1			Summer Care	Open
Purpose of Inspection	Follow-up: cribs			Name of Inspector	Alexandra Rodriguez		
Provider's Email	sanchezrosanni@gmail.com			Inspector's Email	alexandra.rodriguez@ct.gov		

CONSENT TO INSPECT: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).

Rosanni Sanchez

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Regulatory Violations

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
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Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-10(b)(2)(A)(v) and/or 19a-87b-10(l)]	Description: 055-Immunizations
All children have current flu vaccine. Observed current immunization records.	

Statute and/or Regulation: [19a-87b-10(c)(5)]	Description: 068-Proper Rest Provisions/Safe Cribs
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Observed provider had discarded all three cribs from previous inspection. Observed two new cribs with manufacturer date of August 2024.

Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

IMPORTANT NOTES

- *It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.*
- *Items left blank on this form were not monitored during this visit. Only the regulations marked as compliant or non-compliant were monitored or discussed.*
- *APPLICANTS –You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.*

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Alexandra Rodriguez (Printed Name)	 (Printed Name)		ROSANNI E SANCHEZ DELA CRUZ (Printed Name)